

1898

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH Gila

1. County of Gila State Index No. 202
District of _____ County Registrar No. 573
Town of Miami Local Registrar No. _____
or _____
City of _____ No. Miami - Inspiration Hosp. 76 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Lee Brizze If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth August 31, 1923
Month Day Year

5. No., in order of birth _____

FATHER
Full name Percy Ralph Brizze
Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state _____

10. Color or race White 11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Mesa, Arizona
(State or country) _____

13. Occupation mill man
Nature of industry Copper mining

MOTHER
Full maiden name Florence Mabel O'Leary
Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state _____

14. Color or race White 15. Age at last birthday 25 (Years)
16. Birthplace (city or place) Bisbee, Arizona
(State or country) _____

17. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 1.9 m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona

Given name added from _____
a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed Sept 30, 1923 Local Registrar. _____
Filed Oct 3, 1923 County Registrar. _____

225-831-668